


Rec'd PCLPTO

16 DEC 2005

10/532458

PTO/SB/81 (02-01)

Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Express Mail No.:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td style="width: 50%;">TBA</td></tr> <tr><td>Filing Date</td><td>Herewith</td></tr> <tr><td>First Named Inventor</td><td>Robert Kopetzky</td></tr> <tr><td>Title</td><td>Transmission Amplifier Assembly for a Bowden Cable and Method of Using the Same</td></tr> <tr><td>Group Art Unit</td><td>TBA</td></tr> <tr><td>Examiner Name</td><td>TBA</td></tr> <tr><td>Attorney Docket Number</td><td>41587-377</td></tr> </table>		Application Number	TBA	Filing Date	Herewith	First Named Inventor	Robert Kopetzky	Title	Transmission Amplifier Assembly for a Bowden Cable and Method of Using the Same	Group Art Unit	TBA	Examiner Name	TBA	Attorney Docket Number	41587-377		
Application Number	TBA																		
Filing Date	Herewith																		
First Named Inventor	Robert Kopetzky																		
Title	Transmission Amplifier Assembly for a Bowden Cable and Method of Using the Same																		
Group Art Unit	TBA																		
Examiner Name	TBA																		
Attorney Docket Number	41587-377																		
<p>I hereby appoint:</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 40%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number OR   <input type="checkbox"/> Practitioner(s) named below:         </div> <div style="width: 50%; text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">029493</div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">*29493*</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">29493</div> <div style="text-align: center; font-size: 0.8em;">PATENT TRADEMARK OFFICE</div> </div> </div> </div> </div>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Name	Registration Number														
Name	Registration Number																		
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>																			
<input type="checkbox"/> Firm or Individual Name		Grant D. Kang																	
Address		Husch & Eppenberger, LLC																	
Address		190 Carondelet Plaza																	
City		St. Louis	State MO Zip 63105																
Country		USA																	
Telephone		314-480-1500	Fax 314-480-1505																
<p>I am the:</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Applicant/Inventor.         </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.  <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i> </div>																			
SIGNATURE of Applicant or Assignee of Record																			
Name	KREHSL GABRIELE																		
Signature	P.T. KREHSL SCHÜCKA GERÄTEBAU AG A-2580 Berndorf, Leobersdorfer Straße 26 Tel. +43 2672 / 835 40, Fax +43 2672 / 836 75																		
Date	27.4.2005																		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>																			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.																			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

C:\Dokumente und Einstellungen\lukrekeler\Lokale Einstellungen\Temporary Internet Files\OLK5\13301US\_Power of Attorney\_v1.doc

BEST AVAILABLE COPY

FAX

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)</b>		<b>Express Mail No.</b>	EV697643320US
		<b>Attorney Docket Number</b>	41587-219 10/532458
		<b>First Named Inventor</b>	Robert Kopetsky
<input type="checkbox"/> Declaration Submitted with Initial Filing		<b>COMPLETE IF KNOWN</b>	
<input checked="" type="checkbox"/> Declaration Submitted after initial filing of application		<b>Application Number</b>	10/532,458
<input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing		<b>Filing Date</b>	April 22, 2005
<input type="checkbox"/> Declaration Submitted for Divisional Filing		<b>Group Art Unit</b>	TBA
		<b>Examiner Name</b>	TBA

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Transmission Amplifier Assembly for a Bowden Cable and Method of Using the Same

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP03/11909	PCT	10/27/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

2034400.01

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**BEST AVAILABLE COPY**

Rec'd PCT/PTO

16 DEC 2005

10/532458

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒Customer Number  
or Bar Code Label

029493

OR ☐ Correspondence address below

Name Grant D. Kang

Address Husch &amp; Eppenberger, LLC, 190 Carondelet Plaza

City St. Louis

State MO

ZIP 63105

Country USA

Telephone 314-480-1500

Fax 314-480-1505

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) RobertFamily Name  
or Surname KopetzkyInventor's  
Signature

Date

Residence Mailing Address:

Residence:  
City

Graz

State

Country  
AustriaCitizenship  
Austria

Mailing Address Leonhardstraße 100B/37

ATX

City Graz

State

ZIP  
A-8010Country  
Austria

NAME OF SECOND INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) VeitFamily Name  
or Surname StöbelInventor's  
Signature

Date

Residence Mailing Address:

Residence:  
City

Nürnberg

State

Country  
GermanyCitizenship  
Germany

Mailing Address Fritz-von-Roth-Straße 16

DEX

City Nürnberg

State

ZIP  
D-90409Country  
Germany☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

13301US\_Declaration of R. Kopetzky V. Stöbel\_v1.doc

BEST AVAILABLE COPY